

SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN

PARTICIPANT'S RIGHTS AND RESPONSIBILITY FORM

*Directions: Please read this form, then sign it on the bottom.
If you do not understand any part of it, please ask for help.*

I will tell the clinic if I cannot attend my scheduled WIC appointment. I understand that missing appointments may cause me or my child to be dropped from the program. I/we could lose foods I/we need.

I will give honest information to WIC workers and be willing to provide proof if necessary. If I do not give honest information, I may have to pay the State WIC agency, in cash, the value of the food improperly issued to me.

I will notify the clinic if my household situation changes (income, household size, address, phone #, etc.)

I understand that I am responsible for keeping my checks safe before I cash them. I will keep them in the WIC ID Packet. I will bring my WIC ID Packet to my WIC appointment and to the store.

I understand if I lose my checks, they cannot be replaced.

I will report checks that are lost, stolen or destroyed and will **not** use the checks later if I find them.

I will return outdated checks to the WIC clinic.

I will **not** use checks from more than one clinic per month.

I will cash the checks within the dates on them and never cash checks which are outdated.

I will use the checks to buy only food authorized by the WIC Program.

I will **not** exchange or sell WIC foods for cash or other items. If I have extra WIC foods, I will return unopened, unused items to the WIC office.

I will sign the check **after** the clerk writes the price on it and give identification when I am asked.

I will **not** pay cash for any WIC foods.

I will **not** take change from the WIC checks

I will shop only at the authorized WIC stores on the list at the WIC office.

I will ask the store manager for help or call the WIC office if I have problems using my WIC check.

I will not be verbally or physically abusive to any clerk, grocer or WIC worker. I will report any store or WIC wrongdoing to the local WIC office or the State WIC office.

I understand if I misuse the WIC program I may lose my WIC benefits and may have to repay the WIC Program, in cash, the value of the WIC food received and may be prosecuted by Federal or State law and suspended from the WIC Program

I understand the eligibility review is repeated at each certification period to determine if I or my child are eligible for WIC services.

I understand the local WIC program will make nutrition education and referral to health services available to me or my child. I am encouraged to use these services.

I understand I may appeal any decision made by the local agency regarding my eligibility for the Program.

I have read and understand my rights and responsibilities for participation in the WIC Program:

Signature of Participant/Parent Guardian

Date

Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability or sex. If you feel you have been discriminated against, write immediately to the Secretary of Agriculture, Washington, D.C. 20250 and/or the Office of Civil Rights, USDA - Food and Consumer Service, 1244 Speer Boulevard, Room 903, Denver, CO 80204